Abstract AB1229 Figure 1. shows DA according to trimester before and during pregnancy

Conclusion: In our group of pregnant patients with Msk diseases the overall disease activity is the same during pregnancy and before as measured by a VAS. Looking at the diseases patients with RA and SpA showed some reduction and patients with CTDs and APS showed an increase both not statistically significant.

Looking at reported VAS according to trimester of pregnancy, it is in the 1st trimester that pregnant patients report reduced activity.

Acknowledgement: Thanks to pregnant women filling the questionnaire

Disclosure of Interests: None declared

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AB1230 DISEASE ACTIVITY OF RHEUMATIC DISEASES DURING PREGNANCY COMPARED TO REPORTED DISEASE ACTIVITY PRIOR TO PREGNANCY AS OBTAINED FROM AN ANTENATAL RHEUMATOLOGY OBSTETRIC COMBINED CLINIC AND MODE OF DELIVERY

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Background: A Rheumatology Obstetrics Care Clinic (ROCC) was established at our ante natal unit to ensure specialist care for women with complex rheumatological conditions (RC).

Although patients are often counselled about a likely improvement in their RC in pregnancy, this was not the experience of our patients' group from the ROCC.

Objectives: To obtain pregnant women with RC disease activity (DA) scores during and prior to pregnancy. To assess modes of delivery (MoD) and compare them to our general non arthritic population MoD.

Methods: Patients suffering from any RC attending a dedicated highly specialized antenatal ROCC were given 2 separate 10cm visual analogue scales (VAS) asking them to grade on each one of them the current (at ROCC) DA and their perceived DA prior to pregnancy. Electronic delivery records were used to collect obstetric and foetal outcomes. SPSS was used for statistical analysis and chi square to assess the difference between the 2 groups.

Results: Data from 54 patients who attended the ROCC included of whom 50 were analyzed. At the time of presentation mean age ($\pm$ sd) was 33.4 years ($\pm$ 4.29) range 22-43y while age of disease presentation was 25.5 ($\pm$ 8.06). The weeks (w) of pregnancy during ROCC were (mean) 22.2 ($\pm$ 8.6) range 8-37 w. ESR (mean) was 27 mmHg ($\pm$ 21.7), CRP 13.6 mg/L ($\pm$ 14.18). DA at presentation on VAS was 4.24cm ($\pm$ 2.8) and prior to pregnancy was 4.24cm ($\pm$ 3.07).

The recorded diseases were: Connective Tissue Diseases (CTD) n= 18 (33.3%) Spondylo-arthropathies (SpA) n=16 (29.6%), Rheumatoid Arthritis (RA) n=9 (16.7%), Antiphospholipid Syndrome (APS) n=7 (13%) and other n=4 (7%) The group of other (Still's disease 1, Juvenile idiopathic arthritis 1, fibromyalgia 1 and knee pain 1) were excluded from analysis.

Looking at the disease groups RA and SpA patients' showed a reduction in the reported DA during pregnancy while CTDs and APS showed an increase; neither was statistically significant (ss).

Delivery outcomes available on 35 patients revealed that 25 of 35 RC patients (71.4%) achieved a vaginal delivery with 5 of 25 (20%) requiring assisted delivery and 10 of 35 (28.5%) had a Caesarean section (CS). These percentages are comparable with non arthritic patients.

Conclusion: In our group of pregnant patients with RC the overall DA is the same during pregnancy and prior to conception. DA according to diseases showed that women with RA and SpA had a reduction in DA and those with CTDs and APS had an increase.

The MoD showed similar percentages in vaginal and CS delivery rates as per healthy population suggesting that MoD is not impacted by RC.

Acknowledgement: Patients for filling the ROCC questionnaire

Disclosure of Interests: None declared

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AB1231 INCIDENCE OF TUBERCULOSIS IN PATIENTS WITH RHEUMATIC DISEASES USING TNF INHIBITORS: A SYSTEMATIC REVIEW

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Background: The TNF inhibitors (anti-TNF) are indicated for the treatment of several rheumatic diseases, but their use is associated with an increased risk of tuberculosis. Many measures of preventive measures have been adopted, but some groups of patients appear to be at greater risk of developing infection.

Objectives: The primary objective is to estimate the incidence of tuberculosis in patients with rheumatologic diseases exposed to anti-TNF. The secondary objectives are to evaluate the incidence of tuberculosis by region and subgroups of diseases, to assess the presentation of tuberculosis in these patients and the time elapsed between onset of anti-TNF and the development of active granulomatous disease.

Methods: A systematic review of the literature was conducted in Medline (Pubmed, Embase), Cochrane Library and Lilacs with inclusion of observational studies. The selection of articles was performed by two independent reviewers and the disagreements were resolved by consensus. The primary endpoint was described in measure of incidence and secondary outcomes through subgroup analyzes and means comparisons.

Results: We included 54 observational studies with a total of 98,483 patients exposed to anti-TNF. Among the exposed patients, 947 cases of tuberculosis were documented (pulmonary form in 62.2% of cases), with a cumulative incidence of 9.62 cases per 1,000 patients exposed [CI: 9.01 - 10.23]. Regarding TB incidence considering the different continents, we found the following distribution: South America with 11.75 per 1,000 patients exposed [CI: 7.17 - 16.33], North America with 4.34 per 1,000 patients exposed [CI: 3.31-5.38], Europe with 6.28 per 1,000 patients exposed [CI: 5.34 - 7.14] and Asia with 13.47 patients per 1,000 exposed [CI: 12.44 - 14.49]. There were no significant differences in TB incidence among the described diseases (rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and juvenile idiopathic arthritis). The mean time of use of the medication until the endpoint was 14.49 months.

Conclusion: The overall incidence of TB in individuals with rheumatic diseases using anti-TNF was 9.62 cases/103 patient-years, being higher in South America and Asia compared to North America and Europe. Most cases occurred in the first XX months of use and the predominant form was pulmonary. There were no differences in incidence between diseases.

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